



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

Certificate of Need Equipment Replacement Notification Form

Pursuant to 19a-638(b)(18), an existing imaging equipment may be replaced, if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider physician or a person notifies OHCA of the date on which the equipment is replaced and the disposition of the replaced equipment.

Please complete the following:

Provider Name & Address:	MidState Medical Center 435 Lewis Ave, Meriden, CT 06451
Name and description of the equipment to be replaced:	GE PET/CT Scanner Discovery 16
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	Docket Number: 10-31523-WVR Docket Number: 00-541 CON
Address of the existing imaging equipment:	MidState Medical Center 435 Lewis Ave, Meriden, CT 06451
Name and description of the replacement equipment:	GE PET/CT Scanner Discovery 610
Location where replacement equipment will be operated:	MidState Medical Center 435 Lewis Ave, Meriden, CT 06451
The date the replaced equipment was replaced:	June 1, 2015
The disposition of the replaced equipment	Dismantled and off-line

Person Completing the form:

Barbara A. Durdy, Director, Strategic Planning, Hartford HealthCare
Name

Title
Barbara A. Durdy
Signature
Date 5/13/15